

Galesburg Animal Hospital, PC
CLIENT REGISTRATION

NAME

First _____ Middle Initial _____ Last _____

Spouse: First _____ Middle Initial _____ Last _____

ADDRESS

Street _____ City _____ State _____ Zip _____

Email address _____ **Decline Email Reminders**

PHONE NUMBERS

Home(_____) _____ Cell(_____) _____

Spouse's Cell(_____) _____ Emergency(_____) _____

WORK INFORMATION

Employer _____ Phone(_____) _____

Spouse's Employer _____ Phone(_____) _____

For check writing privileges, please provide the following

SSN _____ - _____ - _____ Driver's License Number _____ Exp _____

People authorized to make medical and financial decisions for patients on this account

Name: _____ Phone Number(_____) _____

Name: _____ Phone Number(_____) _____

How did you become aware of our hospital?

Referred, Whom may we thank? _____ Yellow pages Local Areawide Online

Drove by Facebook Radio Website www.galesburganimalhospital.com

Do you agree to receive text messages to remind you of vaccinations or appointments scheduled? _____

Do you agree to photos being taken of you or your pets and posted on our website or Facebook? _____

We appreciate payment when services are rendered. For your convenience, we accept cash, check, MasterCard, Visa, Discover, American Express, and CareCredit Payment Plans. In the event that charges need to be added creating an open account, please read the following statement and sign below agreeing to our terms: I will assume responsibility for the payment due and give permission for services rendered. "I, the below signed, hereby agree in exchange for granting credit, to pay my present and future charges to Galesburg Animal Hospital, and on any unpaid balance to pay 18% interest per year calculated monthly as 1.5% per month on the unpaid balance, plus the cost of collection fees at 35% of an owing balance.

I verify that all the information provided is accurate.

SIGNATURE _____ **Date** _____